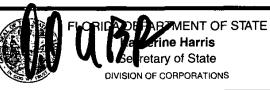
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CORPORATION
REINSTATEMENT



SECRETARY OF STATE

00 NOV 20 AM 9: 59

DOCUMENT # p97000073350

1. Corporation Name

Zip

Signature of Registered Agent

North Lakeland Senior Living

2. Principal Office Address	3. Mailing Office Address
2626 Cole Avenue	Box 190934
Suite, Apt. #, etc. Ste 620	Suite, Apt. #, etc.
City & State	City & State
Dallas, Texas	Dallas, Texas
	<b></b>

7:0

900003491469--8 -12/08/00--01027--024 \*\*\*\*150.00 \*\*\*\*150.00

8-22-97

Applied For

Not Applicable

equired

tatus

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3452282

7520	4	Dallas	75219	Dallas	6. CERTIFICATE	OF STATUS DESIRE	S8.75 Additional Fee for a Certificate of S
			7. Name a	nd Address of Current Reg	gistered Agent		
i.	Name		<del></del>				
		John_Over	ton				
1	Street Add	dress (P.O. Box Number	r is Not Acceptable)				
		1871_Cotto	nwood Trail				
	Suite, Åpt	. #, Etc.			•		
	City	arasota			,	State Zip Co FL 3423	

9	
CR2E081	

Titles	Name of Officers and/or Directors		
, VP	Jim Peters	2626 Cole-Avenue, Ste 620	Dallas, Texas 75204
3	Kathy Smith	4160 N 49th Way	Phoenix, Az 85018
)	Tom Hagan	8001 N Dale Mabry Ste 801	D Tampa, Fl 33614
			AD

8. I, being appointed the registered ageny of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-00 880-0990

Date

Daytime Phone #

November 11, 2000

79350

Department of State Division of Corporations 409 East Gaines St. Tallahassee, Florida 32399

Re: Reinstatement of North Lakeland Senior Living Inc.

Dear Sirs:

Enclosed please find the Reinstatement Form for North Lakeland Senior Living, Inc. Along with The fee of \$150.00.

North Lakeland Senior Living, Inc. respectfully request that any additional late charge be waived because the form was sent to an old address for a previous management company and was not forwarded to us. The tax returns have been sent on time. Any consideration in this renewal will be appreciated.

Sincerely,

Jim Peters